

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>		48	4/26/01
<b>O.I.P.E. CLASSIFIER</b>			06/04/01
<b>FORMALITY REVIEW</b>	tha	946	
<b>RESPONSE FORMALITY REVIEW</b>	SCA	SC 1039	10/31/01

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Final	Original	Date
		06 08 02 04	
		10 03 20 01	
		02 04 05 03	
1	✓	✓	
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3		✓	
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9		✓	
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16		✓	
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36		✓	✓
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Claim	Final	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here